Week 1 Notes:

When working with my group, I quickly noticed that there were personality differences. One of my peers took initiative and started giving us roles in the group and one other peer did not like that. We went off of "majority rules" and so we let the one individual who took inactivate let us give out our roles; after all she seems to have the most experience in clinical groups. My role was the scribe, so I took notes for our team. Whilst doing so, I found it difficult to multitask- get down notes and contribute to answering the questions was something that was difficult to do. I did express how I wish to not be the scribe every week, as it is a task that is hard for me to do. The team agreed we would switch roles weekly. What we are learning this week is the stages of group development. The steps that we practiced during our first session together were : intake, Selection of Members, and Planning. As I read the Theory and Practice of Group text book it is important to note that great group leadership skills are: active listening, reinstating, clarifying, and summarizing. I would say that my group leader tried her best to do this.

Week 2 Notes:

This week I have noticed that not many people would not want to step up to take initiative. It is the same people speaking, and taking initiative as last week. This week our group was smaller and it seems calmer than the first week, as we may be getting the rhythm of what is expected.This week's topic was over creating a plan for a patient who has Bipolar II. Most of our answers, (at least from those who spoke) were the same. I think we should have some time to talk about what is expected from everyone, after all this is a group effort. I have noticed that we all get along great however, I am an overachiever and like to take initiative- I noticed that I naturally want to delegate. Although that is my nature, I realized that this is a group effort so I have stepped back and let others take the floor and lead. What I have taken into consideration

while learning more about groups and through this class's teaching and readings is that we all have a reason as to why we communicate the way we do. For example, I come from a family of strong women, who vocalize their feelings, and have leadership roles; because of this fact, I am usually the one that takes initiative. So some individuals in my group who do not like to speak or lead, could and most likely stem from their cultural background, and the way that they were raised. Having cultural competence is an important tool for becoming a successful clinician. Further, Zastrow explains how power and control are factors to take into consideration; patterns, will beging to develop as we start meeting more. Idoivudals assure certain roles as well, this I can evidently see happening. Some individuals in the group know that they do not have to contribut to the conversation as much because they know that those who are more comfortable with power and control will speak up. It is important as the leader(s) of the group to notice this, and to help encourage those who are not speaking to contribute by letting them know that their opinions and thoughts are wanted and welcomed.